PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09681266

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. CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			28				ſ	RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA		ı	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS 25 m				us 20=	* 5		Ì	X\$ 9=	,	OR	X\$18=	90
IND	EPENDENT CL	5 mir	5 minus 3 =		· 2		X40=		OR	X80=	160	
MULTIPLE DEPENDENT CLAIM PRESENT							Ì	+135=		OR	+270=	10
* If the difference in column 1 is less than zero, ente					r "0" in c	olumn 2	ı	TOTAL		OR	TOTAL	960
CLAIMS AS AMENDED - PART II										J	OTHER	
						(Column 3)		SMALL E	NTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus.	**		= · ·		X\$ 9=	, <u>f</u>	OR	X\$18=	
AME	Independent	**************************************	Minus	***		=		X40=	-	OR	X80=	
L	FIRST PRESE	NTATION OF MI	JUIPLE DEP	ENDEN	I CLAIM		ا ا ا	+135=		OR	+270=	
							1	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		_ ′	ADDIT. FEE			ADDIT: 1 EE						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	↓	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PNDEN	CLAIM		J	+135=		OR	+270=	
								TOTAL		ΛD	TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE	<u> </u>		ADDIT. FEE	
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER IOUSLY O FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N Q	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent		Minus	***			 	X40=		OR	X80=	San Star
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	II CLAIM		┙╽	+135=		OR	+270=	y, silve v
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
1	The "Highest Nur	nber Previously Pa	aid For" (Total o	r indepen	dent) is the	e highest number	er fou	und in the app	oropriate bo	x in co	lumn 1.	